

ENTRY BLANK

Ruth M. Erickson

PLEASE TYPE OR PRINT

Entered previous May Show

Ms.

yes

no

Mr. Artist

Ruth M. Erickson

(Last Name Last)

Permanent
Address

20715 Sydenham Rd

City

Shaker Heights

Street

44122

Tel. ()

752-1960

Zip

Area Code

Temporary
Address

Street

City

Tel. ()

Zip

Area Code

Permanent address is in what county? _____

Born in Cuyahoga County Yes No

Collaborator

NONE

(If Any)

If May Show entries are not accepted or not sold:

Artist will pick up at Museum.

Museum should dispose of.

Museum should ship to artist C.O.D. at this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Ruth M. Erickson

ENTRY BLANKS

1

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Electric 6. Crafts

Medium or Materials

STERLING SILVER - WHALE TOOTH IVORY



Title **WHALE TOOTH IVORY + ST. SILVER PILL BOX**

Price or NFS \$200.00	Insurance Value If NFS Only	Size 1 1/2" x 1 1/8" x 1 5/8"
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GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
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DO NOT WRITE IN THIS SECTION

33jm

ACCEPTED

REJECTED

X

FEE PAID

BY

10/22

AL

2

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Electric 6. Crafts

Medium or Materials

Totally Handwrought + Hand Forged
STERLING SILVER - COCONUT SHELL

Title **VIKING Reminiscence**

Price or NFS \$500.00	Insurance Value If NFS Only	Size 16 5/8"
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GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
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DO NOT WRITE IN THIS SECTION

34 jm

ACCEPTED

REJECTED

X

RECEIVED

BY

DO NOT DETACH

1976 MAY SHOW

The Cleveland Museum of Art
Cleveland, Ohio 44106

Dates for Pick-up of Objects

Museum Service Entrance
9:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects

November 15 through November 27

Accepted Objects

January 10 through January 15

It is understood that the Museum will have the right to dispose
for its own account any object not called for by the dates listed.

Please keep address within this box for window envelope.

Name		
Address	RUTH M. ERICKSON 29775 SYDENHAM RD. SHAKER HEIGHTS, OH 44122	
City & State	Zip	

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your
notification of acceptance or rejection.

ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification will be mailed to you following judging.

DO NOT DETACH

1

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Electric 6. Crafts

Medium or Materials

Sterling Silver - whale tooth
IVORY

Title WHALE TOOTH & St. Silver Pill Box
IVORY

DO NOT WRITE IN THIS SECTION

33 j.m.

ACCEPTED

X

REJECTED

DO NOT DETACH

2

1. Paintings 2. Graphics 3. Photography
 4. Sculpture 5. Electric 6. Crafts

Medium or Materials

Totally Hand wrought & Hand forged
Sterling Silver - Cocoanut Shell

Title

VIKING Reminiscence

DO NOT WRITE IN THIS SECTION

34 j.m.

ACCEPTED

REJECTED

X